

2158

02148
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Md.	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Marumsc		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Marumsc	
HOSPITAL OR INSTITUTION OR STREET ADDRESS En route hospital, Crisfield		STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) CARROLL	(Middle) WARFIELD	(Last) ADAMS	(Month) February 14, 19 56
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: Nov 8, 1903	
9. AGE last birthday: 52 yrs.		10. BIRTHPLACE (State or foreign country): Crisfield, Maryland	
11. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Gen Store		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James H. Adams		14. MOTHER'S MAIDEN NAME: Jennie G. Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None	
17. INFORMANT & ADDRESS: Mrs. Lillian Adams, Marumsc, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) DUE TO Antecedent cause(s) (b) DUE TO Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) 420.1 Coronary Occlusion Arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE: William H. Coulbourn, M. D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.		
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF: 2/16/56	NAME OF CEMETERY OR CREMATORY: Rehobeth ME Cemetery
LOCATION (City, town, or county) (State): Rehobeth, Maryland	24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md.	ADDRESS: Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1956

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02149

2159 CERTIFICATE OF DEATH

Reg. Dist. No. 2-65

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN <u>2 Wks.</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN <u>39</u> STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Joseph</u> (Middle) <u>J.</u> (Last) <u>Byrd</u>				4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>9</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 17, 1896</u>	9. AGE last birthday <u>59</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Station</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Wm. Henry Byrd</u>				14. MOTHER'S MAIDEN NAME <u>Addie Miles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No.</u>		16. SOCIAL SECURITY NO. <u>213-18-5787</u>		17. INFORMANT & ADDRESS <u>Della Byrd - 103 S. 4th Street</u> <u>Crisfield, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							INTERVAL BETWEEN ONSET AND DEATH
592X IMMEDIATE CAUSE (A) <u>Uremia, Acute Dil. of Heart</u>							<u>1 week</u>
ANTECEDENT CAUSE(S) DUE TO (B) <u>Cerebral Hemorrhage</u>							<u>2 weeks</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chronic Int Nephritis, Chronic Myocarditis</u>							<u>about 2 yrs</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/> P. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan. 21, 1956</u> , to <u>Feb. 9, 1956</u> , that I last saw the deceased alive on <u>2-9-1956</u> , and that death occurred at <u>4:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>George E. Boulbroun</u>				ADDRESS (Street, city, town, state) <u>Marion Sta. Md.</u>		DATE SIGNED <u>2-11-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 12, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Asbury M. Lawsons</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Som. Co. Md.</u>	
24. REC'D BY REGISTRAR <u>2-11-56</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. Ward</u>		ADDRESS <u>Marion Sta. Md.</u>	

DEATH CERTIFICATE

REG. NO. 123

1. NAME OF DECEASED (Print or Write)

2. SEX (Male or Female)

3. AGE (Years, Months, Days)

4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION (Print or Write)

6. MARITAL STATUS (Single, Married, Widowed, Divorced)

7. DATE OF DEATH (Month, Day, Year)

8. TIME OF DEATH (Hour, Minute)

9. CAUSE OF DEATH (Print or Write)

10. PLACE OF DEATH (City, State, Country)

11. SIGNATURE OF PHYSICIAN (Print or Write)

12. SIGNATURE OF WITNESSES (Print or Write)

13. SIGNATURE OF DECEASED (Print or Write)

14. SIGNATURE OF REGISTRAR (Print or Write)

15. SIGNATURE OF CLERK (Print or Write)

16. SIGNATURE OF CHURCH CLERK (Print or Write)

17. SIGNATURE OF BURIAL CLERK (Print or Write)

18. SIGNATURE OF INTERMENT CLERK (Print or Write)

19. SIGNATURE OF CREMATION CLERK (Print or Write)

20. SIGNATURE OF OTHER (Print or Write)

21. SIGNATURE OF OTHER (Print or Write)

22. SIGNATURE OF OTHER (Print or Write)

23. SIGNATURE OF OTHER (Print or Write)

24. SIGNATURE OF OTHER (Print or Write)

25. SIGNATURE OF OTHER (Print or Write)

26. SIGNATURE OF OTHER (Print or Write)

27. SIGNATURE OF OTHER (Print or Write)

28. SIGNATURE OF OTHER (Print or Write)

29. SIGNATURE OF OTHER (Print or Write)

30. SIGNATURE OF OTHER (Print or Write)

31. SIGNATURE OF OTHER (Print or Write)

32. SIGNATURE OF OTHER (Print or Write)

33. SIGNATURE OF OTHER (Print or Write)

34. SIGNATURE OF OTHER (Print or Write)

35. SIGNATURE OF OTHER (Print or Write)

36. SIGNATURE OF OTHER (Print or Write)

37. SIGNATURE OF OTHER (Print or Write)

38. SIGNATURE OF OTHER (Print or Write)

39. SIGNATURE OF OTHER (Print or Write)

40. SIGNATURE OF OTHER (Print or Write)

41. SIGNATURE OF OTHER (Print or Write)

42. SIGNATURE OF OTHER (Print or Write)

43. SIGNATURE OF OTHER (Print or Write)

44. SIGNATURE OF OTHER (Print or Write)

45. SIGNATURE OF OTHER (Print or Write)

46. SIGNATURE OF OTHER (Print or Write)

47. SIGNATURE OF OTHER (Print or Write)

48. SIGNATURE OF OTHER (Print or Write)

49. SIGNATURE OF OTHER (Print or Write)

50. SIGNATURE OF OTHER (Print or Write)

51. SIGNATURE OF OTHER (Print or Write)

52. SIGNATURE OF OTHER (Print or Write)

53. SIGNATURE OF OTHER (Print or Write)

54. SIGNATURE OF OTHER (Print or Write)

BUREAU V. 2

RECEIVED

INSTRUCTIONS

CERTIFICATE OF DEATH

Reg. Dist. No. 265

2155

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
39 Crisfield		40 years		39 Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		615 W. Main St.		STREET ADDRESS (If rural give location)		615 W. Main St.	
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print) SOL		SAMUEL		GRANDALL		February 2 19 56	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. UNUSUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		
Male	White	Married	April 15, 1881	74 yrs.	Owner		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Department Store		Department Store		Minsk, Russia		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Unknown				Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.:		17. INFORMANT & ADDRESS:			
No				615 W. Main St. Mrs. Celia Crandall-Crisfield, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
443X Immediate cause (a) Pulmonary Edema						1 hr.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease						2 hrs.	
(c) Hypertension							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
0							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
		m.					
22. I hereby certify that I attended the deceased from Jan. 2, 1956, to Feb. 2, 1956, that I last saw the deceased alive on Feb. 1, 1956, and that death occurred at 1 a.m., from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
David M. Peyton				Feb. 2, 1956			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Feb. 3, 1956		Jewish Cemetery-New York City		New York City, N. Y.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
2/2/56		Barbara S. Adams		Bradshaw & Sons--Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 6 1956

BUREAU V. S.

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INSTRUCTIONS

1 executed within **24 hours** after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2156 CERTIFICATE OF DEATH

02151

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN Crisfield		lifetime		39 TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crandall Apts. Chesapeake Ave.				STREET ADDRESS Crandall Apts. Chesapeake Ave.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) EDNA		(Middle) NELSON		(Last) CULLEN		(Month) (Day) (Year) February 14 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		9. AGE last birthday	10. IF UNDER 1 YEAR	
Female	White	Divorced	Feb. 10, 1908		48 yrs.	Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
tomato packing		Canning Industry		Crisfield, Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Elmer Nelson				Nola Riffin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
no				Maryland Ave. Mrs. Paul Sterling-Crisfield, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
171X IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B)						4 yrs -	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
1954		Carcinoma of Cervix					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 18, 1955, to Feb. 14, 1956, that I last saw the deceased alive on Feb. 14, 1956, and that death occurred at 11:15 P.M. from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
Sarah M. Peyton M.D.				33 W. Main - Crisfield Md 2/16/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Feb. 17, 1956		St. Paul's Cemetery		Marion Station, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 2/16/56		Barbara L. Adams		Bradshaw & Sons-Crisfield, Md.			

CERTIFICATE OF DEATH

IT BEING HEREBY CERTIFIED THAT THE DECEASED

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

DATE OF DEATH

AGE

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CAUSE OF DEATH

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BUREAU A. S.

FEB 20 1956

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A19C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02152

2157 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN Crisfield		lifetime		TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 Chesapeake Ave.				STREET ADDRESS (If rural give location) 316 Chesapeake Ave.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
CARLTON (First)		ORIS (Middle)		DIZE (Last)		February 3, 19 56	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	White	Widowed	July 5, 1887		68 yrs.	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Retired Barber		For Himself		Crisfield, Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
McClelland Dize				Arintha Dize			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No				Cove St. Harvey Dize— Crisfield, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO						few minutes	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						9 mo.	
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept, 19 56, to Feb 3, 19 56, that I last saw the deceased alive on Jan 20, 19 56, and that death occurred at 1:00 P.M. from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
A. N. Ban		Crisfield, Maryland		2/4/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Feb. 5, 1956		Sunnyridge Cemetery		Crisfield, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
DATE		Barbara S. Adams		Bradshaw & Sons—Crisfield, Md.			
7/10/56							

DEATH CERTIFICATE

Form No. 10

LOCAL HEALTH OFFICE OF DISTRICT

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF DEATH

PLACE OF DEATH

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CAUSE OF DEATH

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BUREAU V. 2

RECEIVED

FEB 10 1966

2160

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield-Som.Co.</u>		c. LENGTH OF STAY IN 1b <u>10 days</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>79 Edward McCready Hospital</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>T.</u> Last <u>Hickman</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>27</u> Year <u>19 56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 14, 1907</u> 48 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seaford Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Marion Sta., Som.Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George Hickman</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Ward</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Frances Hickman-1711 S. St. Phila., Pa.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage - Acute Dil.</u> 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>of Heart -</u> DUE TO <u>General Arteriosclerosis -</u> (c) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Feb 13, 1956</u> , to <u>Feb 27, 1956</u> , that I last saw the deceased alive on <u>Feb 27, 1956</u> , and that death occurred at <u>M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>George C. Cullbourn</u> M.D.		ADDRESS (Street, city or town, state) <u>MARION STATION</u> DATE SIGNED <u>2-29-56</u>	
PHYSICIAN'S NAME (Type) <u>George C. CULLBOURN</u>		MD.	
22a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>2/1/56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Wards Memorial</u>	22d. LOCATION (City, town, or county) (State) <u>Marion Sta., Som.Co. Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Ward</u>		ADDRESS <u>Marion Station, Md.</u>	
24a. REC'D BY REGISTRAR <u>2-29-56</u>		24b. REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital attending physician. After the certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. 2

MAR 11 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. After the certificate has been signed by the attending physician and completed, it should be filed in by the funeral director. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed, it should be filed in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02154

CERTIFICATE OF DEATH

Reg. Dist. No. 260

2161

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rumblley				c. LENGTH OF STAY IN 1b 60 years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00				d. STREET ADDRESS Rumblley			
3. NAME OF DECEASED (Type or print) First Aubrey Middle Holland Last				4. DATE OF DEATH Month Feb. Day 24 Year 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 19, 1886		9. AGE (In years last birthday) 69 yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman		10b. KIND OF BUSINESS OR INDUSTRY waterman		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Holland				14. MOTHER'S MAIDEN NAME Emma Daugherty			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Mrs Ida Holland Rumblley, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Paralysis 162X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Metastatic Carcinoma of Brain DUE TO (c) Primary Carcinoma of Lung						INTERVAL BETWEEN ONSET AND DEATH Four months 9 mo. 13 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from Oct , 19 55 , to Feb 24 , 19 56 , that I last saw the deceased alive on _____, 19_____, and that death occurred at _____ M, from the causes and on the date stated above.							
ACTUAL SIGNATURE G. N. Barr M.D.				ADDRESS (Street, city or town, state) Croftfield, Md. DATE SIGNED 2/25/56			
PHYSICIAN'S NAME (Type) A. N. BARR, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 2-26-1956		22c. NAME OF CEMETERY OR CREMATORY Fairmount cemetery		22d. LOCATION (City, town, or county) (State) Fairmount, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Levin B. Wilson ADDRESS Princess Anne, Md.				24a. REC'D BY REGISTRAR DATE 2/28/56		24b. REGISTRAR'S SIGNATURE R. D. Johnson, M.D.	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

1956

Decedent's Name

John Doe

Sex

Male

Age

45

Occupation

Residence

City

Date

March 1, 1956

Place

Home

Cause

Heart

Failure

By

John Doe

Signature

John Doe

BUREAU V. 1

MAR 1 1956

RECEIVED

2162

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Maryland</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>		c. LENGTH OF STAY IN 1b <u>BOX 100</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>00 H. F. D. I BOX 100</u>		d. STREET ADDRESS <u>1</u>	
3. NAME OF DECEASED (Type or print) <u>Fletcher</u> First Middle Last		4. DATE OF DEATH <u>Feb 27</u> Month Day Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Calred</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-16-1888</u> 67 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Waterman</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Jones</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Jackson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-28-8291</u>	
17. INFORMANT <u>Charles Jones</u>		Address <u>Princess Anne Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> <u>422.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>6 mhs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Jan 27</u> , 1956, to <u>Feb 27</u> , 1956, that I last saw the deceased alive on <u>Feb 24</u> , 1956, and that death occurred at <u>6:30 p. M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Eldon G. Marksmann</u> M.D.		ADDRESS (Street, city or town, state) <u>Princess Anne Md</u> DATE SIGNED <u>3/2/56</u>	
PHYSICIAN'S NAME (Type) <u>Eldon G. Marksmann</u>		<u>Princess Anne, Md</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>3-4-1956</u>	<u>St. Paul Cemetery</u>	<u>Mt Vernon Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis B. Wilson</u>		24. REC'D BY REGISTRAR <u>3/2/56</u>	
ADDRESS <u>Princess Anne Md</u>		24b. REGISTRAR'S SIGNATURE <u>L. B. Johnson M.D.</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

BUREAU V. S.

MAR 5 1956

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1

INSTRUCTIONS

1 executed within **24 hours** after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this the bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2163 CERTIFICATE OF DEATH

02156

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Princess Anne		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Princess Anne		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.				STREET ADDRESS (If rural give location) R.F.D.			
3. NAME OF DECEASED (Type or Print) William H. Jones				4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 19 56			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept. 12, 1892	9. AGE last birthday 63 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Martin Jones				14. MOTHER'S MAIDEN NAME Ella Jones			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs Capitola Jones Pr. Anne, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) Cerebral Haemorrhage				18 mths			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Hypertension							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 15, 19 54 , to Feb 5, 19 56 , that I last saw the deceased alive on Jan 31, 19 56 , and that death occurred at 9:30 A.M. from the causes and on the date stated above.							
SIGNATURE Eldon G. Martomann M.D. Princess Anne Md				DATE SIGNED 2-8-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF 2-8-1956		NAME OF CEMETERY OR CREMATORY St. Paul Cemetery		LOCATION (City, town, or county) (State) Mt. Vernon, Maryland	
24. REC'D BY REGISTRAR DATE 2/10/56		REGISTRAR'S SIGNATURE R. S. Jones, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Levin R. Wilson Pr Anne, Md		ADDRESS	

STATE OF MARYLAND DEPARTMENT OF HEALTH-BALTIMORE 15 48151 CERTIFICATE OF DEATH

NAME OF DECEASED MARTIN JONES		AGE 40		SEX Male		RACE Colored		DATE OF DEATH Sept. 12, 1902		PLACE OF DEATH Baltimore	
NATURAL CAUSE OF DEATH No		MANNER OF DEATH No		DISEASE OR INJURY No		LOCALITY OF DEATH No		CITY OF DEATH No		COUNTY OF DEATH No	
NAME OF PHYSICIAN E. J. Jones		NAME OF FUNERAL HOME E. J. Jones		NAME OF BURIAL PLACE E. J. Jones		NAME OF CEMETERY E. J. Jones		NAME OF MINISTER OF THE GOSPEL E. J. Jones		NAME OF MINISTER OF THE GOSPEL E. J. Jones	
NAME OF WITNESS E. J. Jones		NAME OF WITNESS E. J. Jones		NAME OF WITNESS E. J. Jones		NAME OF WITNESS E. J. Jones		NAME OF WITNESS E. J. Jones		NAME OF WITNESS E. J. Jones	

BUREAU V. S.

RECEIVED

St. Vannou, Maryland

St. Paul Cemetery

Official

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2164

CERTIFICATE OF DEATH

02157

Reg. Dist. No.

265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 1 day			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCreedy Hospital				d. STREET ADDRESS Marion Station			
3. NAME OF DECEASED (Type or print) First EDWARD Middle TRAVIS Last LONDON				4. DATE OF DEATH Month February Day 20 Year 19 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1872	9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (State or foreign country) Fairmount, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Francis Wesley Landon				14. MOTHER'S MAIDEN NAME Margaret Cox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-32-0626		17. INFORMANT Address Mrs. Elizabeth M. Landon-Marion Station, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia, Acute Dil of heart 422.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Pulmonary Infarction DUE TO (c) Chronic Myocarditis, Chronic out						INTERVAL BETWEEN ONSET AND DEATH 72 hrs. 72 hrs. years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from At intervals, 19 54 to Feb. 20, 1956 , that I last saw the deceased alive on Feb. 20, 19 56 , and that death occurred at 7:00 PM , from the causes and on the date stated above.							
ACTUAL SIGNATURE George C. Coulbourne M.D.				ADDRESS (Street, city or town, state) Marion Station, Md. DATE SIGNED 2-21-56			
PHYSICIAN'S NAME (Type) George C. Coulbourne, M.D.				Marion Station, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 23, 1956		22c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery		22d. LOCATION (City, town, or county) (State) Fairmount, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Maryland				ADDRESS		24a. REC'D BY REGISTRAR DATE 2-21-56	
						24b. REGISTRAR'S SIGNATURE Willie R. Payne	

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
JAMES V. S.		45		M		W		1911		BALTIMORE		MD		USA			
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS		SINGLE	
FEB 21 1956		BALTIMORE		HEART DISEASE		NATURAL		CLERK		HIGH SCHOOL		METHODIST		MARRIED			
SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS	
JAMES V. S.		JAMES V. S.		JAMES V. S.		JAMES V. S.		JAMES V. S.		JAMES V. S.		JAMES V. S.		JAMES V. S.		JAMES V. S.	

BUREAU V. S.

FEB 21 1956

RECEIVED

THIS CERTIFICATE MUST BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE, MARYLAND, WITHIN TEN DAYS OF THE DATE OF DEATH. IT IS THE DUTY OF THE REGISTRAR TO SEE THAT THIS CERTIFICATE IS CORRECTLY FILLED OUT AND THAT THE SIGNATURES ARE PROPERLY OBTAINED. THE REGISTRAR IS NOT RESPONSIBLE FOR THE CONTENTS OF THIS CERTIFICATE.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02159

2165

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY OR TOWN Princess Anne		LENGTH OF STAY (in this place) 6 mon.		CITY OR TOWN Fruitland Md.		22X-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.				STREET ADDRESS Camden Ave. Ext.			
3. NAME OF DECEASED (First) James (Middle) T. (Last) Owens				4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 1956			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, 15444 Widowed	8. DATE OF BIRTH July 7, 1872	9. AGE last birthday 83 yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Uriah Owens				14. MOTHER'S MAIDEN NAME Susan Briddell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS Ralph Porter, Princess Anne, R.F.D.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
4221 IMMEDIATE CAUSE (A) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 10 yrs.			
ANTECEDENT CAUSE(S) DUE TO Gen. Arteriosclerosis				10 yrs.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Senility				20 yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Recent left pleurisy + Bronchitis				1 wk			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1, 1955 to Feb 27, 1956 that I last saw the deceased alive on 2-27-56, and that death occurred at 4:15 P.M. from the causes and on the date stated above.							
SIGNATURE [Signature]				ADDRESS (Street, city, town, state) DATE SIGNED 2/28/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF Mar. 1, 1956		NAME OF CEMETERY OR CREMATORY Episcopal		LOCATION (City, town, or county) (State) Princess Anne, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE R. H. Johnson, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE James H. Hinnings		ADDRESS Princess Anne, Md.	
DATE 3/3/56							

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2166 CERTIFICATE OF DEATH

02160

Reg. Dist. No. 2160

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Princess Anne</u>		<u>11 yrs</u>		TOWN <u>Princess Anne</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Phillip</u> (Middle) <u>S.</u> (Last) <u>Plott</u>				(Month) <u>Feb</u> (Day) <u>23</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Dec 27 1890</u>	<u>65</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
<u>Real Estate Broker</u>			<u>Real Estate</u>	<u>New Jersey</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Isaac Hull Plott</u>				<u>Emma S. Haralson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
<u>No</u>				<u>203-10-9358</u>		<u>Dr. George Henry Pittman Anne</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>Myocardial infarction</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>CORONARY OCCLUSION</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1956</u> , to <u>1956</u> , that I last saw the deceased alive on <u>Feb 23</u> , 19 <u>56</u> , and that death occurred at <u>10:05</u> AM, from the causes and on the date stated above.							
SIGNATURE <u>Geo M. H. H.</u>				ADDRESS (Street, city, town, state) <u>Princess Anne Md.</u>		DATE SIGNED <u>2-24-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>2/26/56</u>		<u>Methodist Presbyterian</u>		<u>Princess Anne Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>2/27/56</u>		<u>R. S. Johnson, M.D.</u>		<u>James L. H. H.</u>		<u>Princess Anne Md.</u>	

2166 CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. OCCUPATION

5. PLACE OF BIRTH

6. DATE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. PLACE OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF CHURCH OFFICIAL

17. SIGNATURE OF FUNERAL HOME

18. SIGNATURE OF CEMETERY

19. SIGNATURE OF INTERVIEWER

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BUREAU V. S.

FEB 29 1956

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02161

2167 CERTIFICATE OF DEATH

Item 9, Film G193 2-29-56 et

Reg. Dist. No. 261

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND CITY OR TOWN <u>Rehoboth</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Somerset</u> CITY OR TOWN <u>Rehoboth</u> STREET ADDRESS			
3. NAME OF DECEASED (First) <u>Charlie</u> (Middle) <u>Robinson</u> (Last) (Type or Print)				4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>17</u> (Year) <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 25, 1903</u>	9. AGE last birthday <u>52 5/8</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Maria Waters</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Sarah Waters-Recomoke Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) <u>myocardial Condition</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>(Found dead in bed)</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>myocarditis, Nephritis, General Arteriosclerosis</u>						years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb.</u> , 19 <u>54</u> , to <u>Feb.</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 16, 1956</u> , and that death occurred at <u>12:00</u> M., from the causes and on the date stated above.							
SIGNATURE <u>George G. Carroll</u> M. D.				ADDRESS (Street, city, town, state) <u>Marion Sta. Md.</u>		DATE SIGNED <u>2-20-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/21/56</u>		NAME OF CEMETERY OR CREMATORY <u>Ward's Memorial</u>		LOCATION (City, town, or county) (State) <u>Marion Sta., Som. Co. Md.</u>	
24. REC'D BY REGISTRAR DATE <u>2-20-56</u>		REGISTRAR'S SIGNATURE <u>Nellie S. Payne</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Ward</u>		ADDRESS <u>Marion Sta., Md.</u>	

Box 235.

1
 PHOTO-UNIT
 DIRECTOR'S OFFICE
 DIVISION OF INVESTIGATION
 U. S. DEPARTMENT OF JUSTICE
 RECEIVED
 FEB 23 1956

CERTIFICATE OF DEATH

NAME OF DECEASED Charles Robinson		SEX Male	
DATE OF BIRTH May 19, 1923		PLACE OF BIRTH Chicago, Illinois	
OCCUPATION Clerk		CAUSE OF DEATH Heart Disease	
PLACE OF DEATH Chicago, Illinois		DATE OF DEATH February 19, 1956	
SIGNATURE OF DECEASED Charles Robinson		SIGNATURE OF WITNESS George Waters	
SIGNATURE OF PHYSICIAN George Waters		SIGNATURE OF MINISTER George Waters	
SIGNATURE OF CORONER George Waters		SIGNATURE OF JURY George Waters	

BUREAU V. 2

FEB 23 1956

RECEIVED

2-10-56
 Mr. J. Edgar Hoover
 U. S. Department of Justice
 Washington, D. C.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2168 CERTIFICATE OF DEATH

02163

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		STATE Maryland		COUNTY Somerset			
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Fairmount		lifetime		TOWN Fairmount			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
ELSIE BOGGS WATERS				February 15 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Female	Colored	Widowed	May 13, 1889	66 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Seafood Laborer		Seafood Industry		Fairmount, Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Wimore Boggs				Eliza Maddox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		215-14-6915		Box 53 Theodore F. Waters--Lower Fairmount, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
443X IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
Constrictive Heart Failure						5 yrs.	
ANTECEDENT CAUSE(S) DUE TO						6 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) Essential Hypertension							
(C) Dehydration							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 19 55, to Feb 19 56, that I last saw the deceased alive on 2/4/19 56, end that death occurred at 5:30 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
Benjamin A. Dorney, M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Feb. 19, 1956		Centennial Church Cemetery		Fairmount, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 2/17/56		R. S. Johnson, M.D.		Bradshaw & Sons--Crisfield, Maryland			

9T

DEATH CERTIFICATE

Reg. No. 10

1. DECEASED PERSON'S NAME OR DECEASED

MARYLAND

2. SEX

3. AGE

4. PLACE OF BIRTH

5. OCCUPATION

6. CAUSE OF DEATH

7. DATE OF DEATH

8. TIME OF DEATH

9. PLACE OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF CHURCH OFFICIAL

17. SIGNATURE OF MINISTER

18. SIGNATURE OF CLERGYMAN

19. SIGNATURE OF OTHER

20. SIGNATURE OF DECEASED

21. SIGNATURE OF NEXT OF KIN

22. SIGNATURE OF BURIAL OFFICIAL

23. SIGNATURE OF CHURCH OFFICIAL

24. SIGNATURE OF MINISTER

25. SIGNATURE OF CLERGYMAN

26. SIGNATURE OF OTHER

27. SIGNATURE OF DECEASED

28. SIGNATURE OF NEXT OF KIN

29. SIGNATURE OF BURIAL OFFICIAL

30. SIGNATURE OF CHURCH OFFICIAL

31. SIGNATURE OF MINISTER

32. SIGNATURE OF CLERGYMAN

33. SIGNATURE OF OTHER

34. SIGNATURE OF DECEASED

35. SIGNATURE OF NEXT OF KIN

36. SIGNATURE OF BURIAL OFFICIAL

37. SIGNATURE OF CHURCH OFFICIAL

38. SIGNATURE OF MINISTER

39. SIGNATURE OF CLERGYMAN

40. SIGNATURE OF OTHER

41. SIGNATURE OF DECEASED

42. SIGNATURE OF NEXT OF KIN

43. SIGNATURE OF BURIAL OFFICIAL

44. SIGNATURE OF CHURCH OFFICIAL

45. SIGNATURE OF MINISTER

46. SIGNATURE OF CLERGYMAN

47. SIGNATURE OF OTHER

48. SIGNATURE OF DECEASED

49. SIGNATURE OF NEXT OF KIN

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51. SIGNATURE OF CHURCH OFFICIAL

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65. SIGNATURE OF CHURCH OFFICIAL

66. SIGNATURE OF MINISTER

67. SIGNATURE OF CLERGYMAN

68. SIGNATURE OF OTHER

69. SIGNATURE OF DECEASED

70. SIGNATURE OF NEXT OF KIN

71. SIGNATURE OF BURIAL OFFICIAL

72. SIGNATURE OF CHURCH OFFICIAL

73. SIGNATURE OF MINISTER

74. SIGNATURE OF CLERGYMAN

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100. SIGNATURE OF CHURCH OFFICIAL

101. SIGNATURE OF MINISTER

102. SIGNATURE OF CLERGYMAN

103. SIGNATURE OF OTHER

104. SIGNATURE OF DECEASED

105. SIGNATURE OF NEXT OF KIN

106. SIGNATURE OF BURIAL OFFICIAL

107. SIGNATURE OF CHURCH OFFICIAL

108. SIGNATURE OF MINISTER

109. SIGNATURE OF CLERGYMAN

110. SIGNATURE OF OTHER

BUREAU V. S.

FEB 20 1956

RECEIVED

2169

02164
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 260

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) Rural Pocomoke LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR Pocomoke R.F.D.
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

SarahEWaters

4. DATE OF DEATH

(Month)

(Day)

(Year)

Feb11956

5. SEX:

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

FemaleColWidowAug 5 - 18767979MonthsDaysHoursMin.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

CHIEF MEDICAL EXAMINER

DATE SIGNED

DEPUTY MEDICAL EXAMINER

M. D.

ASSISTANT MEDICAL EXAM.

Feb 3 - 56

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2/3/56R. S. Johnson, Jr. M.D.Edgar Robertsnew church, etc.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 8 1936

RECEIVED

2170

CERTIFICATE OF DEATH

Reg. Dist. No. - 261-

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
X <u>Route 1, Marion</u>		<u>18 yrs.</u>		OR <u>Route 1, Marion</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) (Middle) (Last) <u>Helen Emma Whittington</u>				<u>Feb. 12 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>Negro</u>	<u>married</u>	<u>Sept. 29, 1887</u>	<u>68 yrs.</u>	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Housewife</u>						<u>Maryland</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Harme Whittington</u>				<u>Jenny Whittington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS:	
				<u>215-18-4359</u>		<u>Argah Whittington-Marion-Md.</u>	
18. MEDICAL CERTIFICATION LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>Coronary Condition</u>						<u>10 min.</u>	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Chronic Myocarditis + Nephritis</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>General Arteriosclerosis</u>						<u>years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Cardiovascular Asthma</u>							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
		M. <u>Interval</u>					
22. I hereby certify that I attended the deceased from <u>Feb. 11, 1956</u> , to <u>Feb. 12, 1956</u> , that I last saw the deceased alive on <u>Feb. 11, 1956</u> , and that death occurred at <u>3:00 A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>George E. Goudreau</u>		M. D. <u>Marion Sta.</u>		DATE SIGNED <u>Md 2-13-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-15-56</u>		NAME OF CEMETERY OR CREMATORY <u>Family Cemetery</u>		LOCATION (City, town, or county) (State) <u>Marion, Somerset, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2-13-56</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		24. FUNERAL DIRECTOR <u>George W. Telghman</u>		ADDRESS <u>Marion Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1956

BUREAU V. S.